

UNIT TERMINAL OBJECTIVE

DECLARATIVE

A. Epidemiology

a. Abuse of spouse, elderly relatives, and children is greater than most estimate

b. Only 10% of women report battering incidents

c. Over 1 million children suffer from abuse or neglect

a. Victims may die as a result of the abuse or assault

b. Victims may suffer mental or physical injuries

a. Men and women who beat one another also most likely beat their children

b. Children of abusive and unloving homes are more likely to become spouse or child batterers and later, abusers of their elderly parents

a. Early detection

b. Social services support

c. Altering life styles

A. Epidemiology

a. Not a new phenomenon

b. The act itself can be traced to early history

1. Overview

a. Women generally report incident only as a last resort

b. Reasons for not reporting

(a) For her self

(b) For her children

(2) Believes behavior will change

(3) Lack of financial support

(a) No money

(b) No one to turn to

(c) No knowledge of where to go

(4) Believes she is the cause of the violent behavior

(5) Believes that it is part of the marriage and must endure in order to keep the family together

c. Characteristics of wife-battering

(1) The beatings do not stop

(2) Beatings become more severe and more frequent

(3) Beatings occur without provocation whatsoever

(4) At some point will turn violence toward the children

d. Characteristics of spouse abusers

(1) They have low self esteem and are not happy about themselves

(2) For the most part their violence was learned from their parents

(3) Some believe they are demonstrating discipline

(4) They do not like being out of “control”

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- (5) Fail to see any alternatives and do not know what else to do
- (6) Both parties do not know how to back down from conflict
- (7) He/ she may feel powerless to change
- (8) The use of alcohol seems to be a factor
- (9) Mental illness occurs in less than 10% of abusers
- (10) Abuse does occur in all socio-economic groups, however most abusers are in the lower socio-economic groups
- (11) The abuser goes into sudden rages
- (12) Abusers feel insecure and jealous
- (13) The abuser can appear charming and loving after the incident of battering
- (14) The abuser may have money difficulties, problems holding a job and possible legal issues

- (1) Male is unemployed
- (2) Male uses illegal drugs at least once a year
- (3) Partners have different religious backgrounds
- (4) Family income is below poverty line
- (5) Partners are unmarried
- (6) Either partner is violent toward children at home
- (7) Male did not graduate from high school
- (8) Male has a blue-collar job, if employed
- (9) Male is between 18-30
- (10) Male saw father hit mother

1. Overview

- a. Battering is not limited to women
- b. Men also rarely report incident
- c. Humiliation suffered by a woman is multiplied for a man
- d. Men feel as trapped as women do
- e. Same psychological and emotional effects
 - (1) Guilt
 - (2) Loss of self-control
 - (3) Loss of control
- f. Society is less empathetic toward men
- g. Even fewer resources exist for men

1. Overview

- Spouse battering occurs in homosexual relationship as well
- Homosexuals are conditioned the same as heterosexuals

1. Difficult to do because the description of the injuries may be incorrect, inaccurate and protective of the attacker
2. May not seek care for bruises or lacerations
3. May avoid eye contact and be hesitant or evasive about the details of the injuries
4. Clues about the situation
 - a. "Things haven't been going well lately"
 - b. "There have been problems at home"

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- (1) The National Aging Resource Center on Elder Abuse gives the following percentages as to who are the perpetrators of elder abuse in domestic settings
 - (a) Adult children 32.5%
 - (b) Grandchildren 4.2%
 - (c) Spouse 14.4%
 - (d) Sibling 2.5%
 - (e) Other relatives 12.5%
 - (f) Friend/ neighbor 7.5%
 - (g) All others 18.2%
 - (h) Unknown 2.0%
 - (2) Four major theories of causes of domestic elder abuse
 - (a) The care giver is stressed-care; giver is ill-equipped to give care (this may be due to personal problems and/ or lack of knowledge of how to do the job)
 - (b) Impairment of dependent elders - elders in poor health are more likely to be abused than those in good health
 - (c) Cycle of violence = tension/ crisis/ calm/ repeat cycle
 - (d) Personal problems of abusers - abusers of the elderly tend to have more personal problems than do non-abusers
 - b. Institutional abuse-perpetrators of institutional abuse usually are persons who have legal or contractual obligation to provide care to elders (e.g., paid caretakers, staff, professionals)
4. Characteristics of elder abuse
- a. More likely to suffer from physical or mental impairment
 - b. Abusers are most often the children of the abused person
 - c. Elders are most often repeatedly abused by family members
 - d. Abused elders do not seek help
5. Forms of abuse
- a. Physical abuse or neglect
 - b. Psychological abuse
 - c. Violation of individual rights
 - (1) Victim of theft
 - (2) Loss of freedom of choice

IV. The abused child

A. Overview

1. Various forms of abuse or neglect
2. Results in physical or emotional impairment
3. Involves the mistreatment of children
 - a. Occur from infancy to 18 years of age
 - b. Involves caretakers
 - (1) Parents
 - (2) Foster parents
 - (3) Stepparents
 - (4) Babysitters
4. Neglect
 - a. Failure to provide physical care
 - (1) Nutrition
 - (2) Shelter

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- (3) Clothing
 - b. Failure to provide emotional care
 - (1) Indifference
 - (2) Disregard
 - c. Importance of identifying the abused child
 - (1) Tends to be repetitive
 - (2) Repeated calls to the patient's home
- B. Characteristics of abusers
 - 1. Overview
 - a. Not related to social class, income or level of education
 - b. Rigorous discipline accounts for the cyclical nature of abuse
 - c. History of severe physical punishment
 - d. The abuser was beaten as a child
 - e. Abuser would prefer to use other forms of discipline, the stress makes them regress to the earliest patterns
 - 2. Signs of a pre-abuse state
 - a. Sometimes the abusive adult will actively seek help
 - b. The following pattern may be observed
 - (1) Several calls in a 24 hour period
 - (2) Frequent calls for inconsequential symptoms
 - (3) Parent begins to demonstrate behavior of being unable to handle the impending crisis
 - 3. Characteristics of the child abuser
 - a. Immature behavior and is preoccupied with him/ herself
 - b. Has little perception of how a child could feel, physically or emotionally
 - c. Is critical of the child
 - d. Seldom touches or looks at the child
 - e. Is unconcerned about the child's injury, treatment, or prognosis
 - f. Gives no indication of feeling guilt or remorse
 - (1) May blame the child for the injury
 - g. Is more concerned about themselves
- C. Characteristics of the abused child
 - 1. Overview
 - a. The child's behavior offers important clues
 - (1) This behavior is age related
 - (a) Child under 6 years is excessively passive
 - (b) The child over 6 years is aggressive
 - b. Child doesn't mind, at any age, if their parent leaves the room
 - 2. Behavior of the abused child
 - a. Cries hopelessly during treatment or cries very little in general
 - b. Does not look at parents for assurance
 - c. May avoid parents
 - d. Is wary of physical contact
 - e. Is apprehensive
 - f. Appears constantly on the alert for danger
 - g. May constantly seek favors, food, or things
 - 3. Accidental versus intentional injury
 - a. Children very commonly get injured
 - b. Not all children with injuries are abused
 - c. If the story by the child is volunteered without hesitation and matched that of the

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- d. Distinguishing between an intentional injury and an authentic accident is a challenge
- D. Physical examination
 - 1. Overview
 - a. The examination is best done with another colleague
 - b. The recording of information must be objective
 - c. Assumptions and personal perceptions must not be included
 - d. The report must be terse and legible
 - e. The exam should be performed with kindness and gentleness
 - 2. Common types of soft tissue injuries
 - a. Overview
 - (1) Soft tissue injuries are the injuries found most frequently in early abuse and may present in a variety of forms
 - b. Multiple bruises and ecchymoses
 - (1) Look for presence of defense wounds
 - (2) Look for injuries on multiple planes of the body
 - c. Patterned injuries
 - (1) Bites
 - (2) Burns
 - d. Scalds
 - (1) A common form of abuse
 - (2) Young and old are particularly susceptible
 - 3. Fractures
 - a. Overview
 - (1) Second most common injury
 - b. Types of fractures
 - (1) Twisting injuries
 - (2) Jerking injuries
 - (3) Rib fractures
 - (4) Multiple fractures
 - 4. Head injuries
 - a. Overview
 - (1) Produce the highest mortality
 - (2) Result in greater amount of permanent disability
 - (3) Progression of injuries appears to be from the trunk and extremities towards the head
 - b. Types of injuries
 - (1) Scalp wounds
 - (2) Skull fractures
 - (3) Subdural or subgaleal hematomas
 - (4) Repeated concussions
 - 5. Abdominal injuries
 - a. Overview
 - (1) A small number of injuries, but serious
 - b. Types of injuries
 - (1) Causes rupture of liver, injuries to intestine and mesentery

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1. Incidence
 - a. Increases annually
 - b. Sexual assault is the more frequently committed offense than abuse
 - c. Victims of abuse and assault may die from their injuries
 - d. Victims may sustain mental or physical injury
 - e. Victims range from 9 months to 90 years of age
 - f. Women alone in isolated areas
- B. Legal aspect of sexual assault
 1. What constitutes rape
 - a. Each state has different interpretation of sexual assault
 - b. Generally, sexual assault refers to sexual contact, whether genital, oral or manual
 - c. Rape is defined as penile penetration of the genitalia (however slight) without consent of the victim
 - d. Rape is a felony crime, based on proof that a crime has occurred
 2. Considerations for providing care for a patient who has been sexually assaulted
 - a. Take steps to preserve any evidence
 - b. The patient should not urinate, defecate, douche, bathe
 - c. The patient should not in any way remove evidence from the part of the body that was subjected to sexual contact
 - d. Notify law enforcement as soon as possible
 - e. Remember there will be a "chain of evidence"
 - f. Be aware of local and state requirements for caring for these patients
- C. Characteristics of sexual assault
 1. Overview
 - a. Anyone can be a victim
 - b. Victims are from 9 months to 90 years of age
 - c. Frequently victims know their assailant
- D. Psychosocial aspect of care
 1. Initial contact with the patient
 - a. Non-judgmental attitude
 - b. Supportive attitude
 - c. Empathetic, sensitive comments
 - d. Considerate gestures
 - (1) Covering them
 - (2) Moving from public view
 2. Acceptance of behavior
 - a. Each patient responds differently
 - b. Anger is especially difficult for most to accept
 3. Privacy
 - a. Avoid further exposure and embarrassment
 - b. If possible have same sex partner provide care to the patient
 4. Returning control
 - a. Patient must regain as much control of their life as possible
 - b. Ask open ended questions
 - (1) Would you like to sit on a seat or ride on the stretcher
 - (2) Would you like us to contact someone
- E. The child victim
 1. Overview
 - a. Children who are assaulted usually have frequent contact with their assailant

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- b. In a trusted person's home
 - c. Usually involves a male assailant and a female victim
 - d. Male victims involved in heterosexual relationships are unlikely to report incident
 - e. Many children are fondled or physically explored without intercourse
 - f. Often the child conceals the sexual activity out of fear
2. Assessment considerations
- a. Symptoms may include behavior or physical manifestations
 - (1) Nightmares
 - (2) Restlessness
 - (3) Withdrawal tendencies
 - (4) Hostility
 - (5) Phobias related to the offender
 - (6) Regression (i.e. bed wetting)
 - (7) Truancy
 - b. Emotional impact
 - (1) Adult will create the impression on the child
 - (2) Children will perceive the importance and ramifications of sexual assault through the behavior of the adults around them
3. Legal considerations
- a. If sexual assault is confirmed or suspected, any law that applies must be followed
 - b. In some states minors may seek and be treated for sexual assault without parental consent